

**The RCN Foundation Next Generation Grant Application Form**

Important: Before completing this application form, you must read the Information and Eligibility document available on our website [www.rcnfoundation.org.uk](http://www.rcnfoundation.org.uk/)

Please ensure that you complete all relevant sections in full. We are unable to process your application if details are missing. Please note:

# Applications should be typed and sent electronically.

* **Please ensure that you spell out in full any abbreviations used.**

**SECTION 1: Your details**

|  |  |  |
| --- | --- | --- |
| **Surname:** | **First Name:** | **Title:** |
| **Home Address:** |
| **Contact telephone:** |
| **Contact email:** |
| **Are you a member of the RCN? YES NO (Please note that you do not have to be a member of the RCN to apply for a grant)** |
| **Are you a tax resident of any country outside of the UK? YES NO** |
| **If you are currently working or have previous jobs please add your details below, otherwise please leave blank and move to section 2** |
| **Job Title** (current employment)**:** | **Start date** (month and year)**:** | **Band/Grade:** |
| **Name and Address of Employer:** |
| **Brief description of present role:** |

|  |
| --- |
| **Previous Posts:** (Please list your most recent employment) |
| **Employer Name and Address** | **Job Title** | **Band/****Grade** | **Dates** |
|  |  |  |  |
|  |  |  |  |
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**SECTION 2: Details of the course for which funding is sought**

*Please note: the course must take place between* ***1 September 2025 and 1 September 2026***

|  |
| --- |
| **Title of the course for which you are seeking funding** (25 words max) |
|  |
| **Brief summary of the course and professional outcomes** (100 words max) |
|  |
| **Start date** (month and year) | **End date** |
|  |  |
| **Please state here the name and address of the course provider:** |
|  |

**Have you been awarded a place? YES NO**

**SECTION 3: Courses and Qualifications**

|  |
| --- |
| **Please list relevant courses taken starting with the most recent:** |
| **Title of course:** | **From: Month and year** | **To: Month and year** | **Name and Address of Institution** | **Result** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Please list relevant courses not yet completed:** |
| **Title of course:** | **From: Month and year** | **To: Month and year** | **Name and Address of Institutions** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION 4: Statement by applicant in support of request for funds**

|  |
| --- |
| **Personal statement** (Max word count 1,500) |
| **1. Why I want to become a nurse/ midwife/ nursing associate** |

|  |
| --- |
| **2. What experience I have had that relates to nursing or midwifery** |
| **3. How I think my previous qualifications, especially my degree will help in my nursing or midwifery career** |

**4. My personal achievements**

**SECTION 5: Data Protection and Privacy Notice**

*Once you are satisfied that the information presented above is accurate, please read the following information about data protection to ensure that you agree to these terms.*

* The information on this form will be used to assess your application for a grant. The RCN Foundation need to keep your data on computer files/SharePoint for this purpose.
* We may also use the information for accounting, audit, statistical or research purposes.
* In submitting this application, you are giving consent to the information provided being shared with external third party affiliated to the RCN Foundation for the purposes of processing your application.
* We will not disclose any of your information outside of the RCN Foundation, unless we are legally obliged to do so or unless you have given us your prior consent.
* We will undertake to keep your information strictly confidential and do everything we can to prevent the information being used in any unauthorised or unlawful way.
* Our current policy is to retain personal data for a period of 7 years from when a decision on your application is made, after which it will be destroyed.
* You have the right to request information about the details we hold about you and we will provide this data as legally required.
* We will need your signature in order to process your application.

Authorisation

By submitting this application, you are giving your consent to these terms, you give permission for the RCN Foundation to use your data as outlined above.

You have the right to withdraw your consent to the above at any time. **Print name:**

# SECTION 7: Application Agreement

|  |
| --- |
| **I confirm that the information provided in this application is complete and accurate and that there is no other information relevant to this application which has not been disclosed.** |
| **Signature:** |
| **Print name:** |
| **Date:** |

Please can you submit your application by email, with the **email subject heading title – “Next Generation Grants Application” and include your name in the title to:** **grants@rcnfoundation.org.uk**

**Equal Opportunities**

Completion of this section is helpful to ensure that we are aware of the communities applying for this scheme and assists in the implementation of equal opportunities. This information will not form any part of the selection process and will be treated with total confidentiality.

(Please tick the appropriate boxes).

**A. Your Ethnic Group**

|  |  |
| --- | --- |
| **Asian or Asian British** | **Mixed** |
| * Indian
 | * White and Black Caribbean
 |
| * Pakistani
 | * White and Black African
 |
| * Bangladeshi
* Chinese
* Any other Asian background
* If other, please state:
 | * White and Asian
* Any other mixed background
* If other, please state:
 |
|  |  |
| **Black or Black British** | **White** |
| * Caribbean
 | * British
 |
| * African
 | * Irish
 |
| * Any other Black background
* If other, please state:

**Any other ethnic group, please state:** | * Any other White background
* If other, please state:
 |
| **B. Your Gender*** Female
* Male
* Non-binary

**C. Sexual Orientation*** Bisexual
* Gay
* Heterosexual
* Lesbian
* Other

**D. Do you have a disability?*** Yes
* No

**E. Your Age*** <20
* 20-29
* 30-39
* 40-49
* 50-59
* 60-69
* 70+

**F. Where you currently live*** England
* Northern Ireland
* Scotland
* Wales
* Other
 |  |

**G. What Region:**

* East Midlands
* Eastern
* London
* North West
* Northern
* South East
* South West
* West Midlands
* Yorkshire and Humber
* Northern Ireland
* Scotland
* Wales
* Other